



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/977,870
			Filing Date	October 14, 2001
			First Named Inventor	Jeffrey C. Hawkins
			Group Art Unit Number	2674
			Examiner Name	Alexander Eisen
Total Number of Pages in This Submission	21	Attorney Docket Number	21495-05943	

RECEIVED

ENCLOSURES (check all that apply)		APR 16 2004
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment A: [ 18 ] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Technology Center 2600
REMARKS:		

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Eileen G. Lehmann</i>		
Attorney/Reg. No.:	Eileen A. Lehmann, Reg. No. 39,272	Dated:	4/07/04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>Eileen G. Lehmann</i>		
Typed or Printed Name:	Eileen A. Lehmann	Dated:	4/07/04
Express Mail Mailing Number (optional):			



# FREE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 110.00

Complete if Known

Application Number 09/977,870

Filing Date October 14, 2001

First Named Inventor Jeffrey C. Hawkins

Examiner Name Alexander Eisen

Art Unit 2674

Attorney Docket No. 21495-05943

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APR 16 2004

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)** (\$) 0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
32	41**=0	18	0
Independent Claims	4	4**=0	86
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*

Fee Description

Fee Paid

1251	110	2251	55	Extension for reply within first month	110
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
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1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3)** (\$) 110

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) Eileen A. Lehmann

Registration No. 39,272  
(Attorney/Agent)

Complete (if applicable)

Telephone (650) 335-7246

Signature

Eileen A. Lehmann

Date

4/07/04

<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <b>FEE TRANSMITTAL</b>  <b>for FY 2004</b>  APR 09 2004 </div> <div> <b>Patent fees are subject to annual revision.</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div> </div>		<b>Complete if Known</b> Application Number: 09/977,870 Filing Date: October 14, 2001 First Named Inventor: Jeffrey C. Hawkins Examiner Name: Alexander Eisen Art Unit: 2674 Attorney Docket No.: 21495-05943	
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 110.00		<b>RECEIVED</b> APR 16 2004	

<b>METHOD OF PAYMENT</b> (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																																		
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>32</td> <td>41**=</td> <td>0</td> <td>x</td> <td>18</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>4**=</td> <td>0</td> <td>x</td> <td>86</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> <td>0</td> </tr> </tbody> </table>	Total Claims		Extra Claims		Fee from below		Fee Paid			32	41**=	0	x	18	=	0	Independent Claims	4	4**=	0	x	86	=	0	Multiple Dependent						=		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>				<b>(\$)</b>	0	<b>SUBTOTAL (3)</b> (\$ 110)																																																																																																																																																																				
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
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Signature	Eileen A. Lehmann			Date	4/07/04